



CITY of SAN ANTONIO

Development Services Department

1901 S. Alamo

San Antonio, Texas 78204

Revised 04/2004

Telephone Number (210) 207-1111

www.sanantonio.gov/onestop

PLEASE PRINT. THE FOLLOWING INFORMATION PERTAINS TO THE BUSINESS THAT WILL BE OPERATING AT THIS LOCATION.

Date:	Address:	Bldg:	Suite:
Owner of the Business:		Name of the Business:	
Type of Business:		Is a BUILDING PERMIT required in conjunction with this application? YES [] or NO [] If yes, what is the AP#	
NOTE: IF THERE IS ONGOING CONSTRUCTION (Building, Electric, Plumbing, Mechanical, etc.), GO TO CUSTOMER SERVICE FOR CLEARANCE PRIOR TO APPLYING.			

Certificate of Occupancy Application

- | | | | |
|-----------------------------------------------------|-----|----|--------------|
| 1. FOOD, DRINKS, CHILDCARE OR NURSING HOME? | YES | NO | (CIRCLE ONE) |
| 2. ALCOHOL SALES? | YES | NO | (CIRCLE ONE) |
| 3. SEXUALLY ORIENTED BUSINESS? | YES | NO | (CIRCLE ONE) |
| 4. IS THIS BUSINESS CURRENTLY IN OPERATION? | YES | NO | (CIRCLE ONE) |
| 5. WILL THERE BE ANY GAMING DEVICES IN USE? | YES | NO | (CIRCLE ONE) |
| 6. ARE THERE ANY EXISTING SIDEWALKS? | YES | NO | (CIRCLE ONE) |
| 7. IS THIS A CHANGE OF USE OF THE BUILDING OR SITE? | YES | NO | (CIRCLE ONE) |

IF THIS IS A CHANGE OF USE, PROVIDE THE FOLLOWING INFORMATION:

CHANGE OF USE APPLICATIONS MAY REQUIRE ADDITIONAL PERMITS AND/OR SUBMITTAL OF CONSTRUCTION PLANS

WHAT WAS THE PREVIOUS USE? _____

WHAT IS THE TOTAL SQUARE FEET OF THE PROPOSED NEW USE? _____

HOW MANY EXISTING PARKING SPACES? _____ HOW MANY HANDICAP SPACES? _____

IS THE EXISTING PARKING AREA ASPHALT? _____ CONCRETE? _____ OTHER? _____

ARE YOU ADDING OR ALTERING ANY WALLS? _____ ADDING NEW ELECTRICAL? _____

ADDING NEW PLUMBING? _____ ADDING NEW MECHANICAL? _____ ADDING OTHER? _____

REQUIRED PARKING BASED ON SQUARE FEET _____

IF YOUR ANSWER IS YES TO QUESTIONS 1, 2, 3, OR 5, THEN ADDITIONAL INFORMATION, FORMS, APPLICATIONS, LICENSES AND/OR AFFIDAVITS MAY BE REQUIRED.

COMPLETE MAILING ADDRESS:

NAME: _____

STREET: _____

CITY: _____ ZIP CODE: _____

CONTACT PERSON'S NAME/TELEPHONE NUMBER: _____ / _____

APPLICANT'S NAME (PRINT) _____

APPLICANT'S SIGNATURE _____

DATE _____

PRO-RATED C OF O

USE: _____ OCCUPANT LOAD: _____ OCCUPANT GROUP: _____ FEES: _____

INSPECTIONS: _____ APPLICANT ID NO. _____ CSR: _____

AN APPLICATION FOR A CERTIFICATE OF OCCUPANCY MUST BE MADE IN PERSON.
FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN A PROCESSING DELAY.

REVISED 08/2003
COSA/DSD